

109TH CONGRESS
2D SESSION

S. 3717

To amend the Rehabilitation Act of 1973 and the Public Health Service Act to set standards for medical diagnostic equipment and to establish a program for promoting good health, disease prevention, and wellness and for the prevention of secondary conditions for individuals with disabilities, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 24, 2006

Mr. HARKIN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Rehabilitation Act of 1973 and the Public Health Service Act to set standards for medical diagnostic equipment and to establish a program for promoting good health, disease prevention, and wellness and for the prevention of secondary conditions for individuals with disabilities, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Promoting Wellness
5 for Individuals with Disabilities Act of 2006”.

1 **SEC. 2. ESTABLISHMENT OF STANDARDS FOR ACCESSIBLE**
2 **MEDICAL DIAGNOSTIC EQUIPMENT.**

3 Title V of the Rehabilitation Act of 1973 (29 U.S.C.
4 791 et seq.) is amended by adding at the end of the fol-
5 lowing:

6 **“SEC. 510. ESTABLISHMENT OF STANDARDS FOR ACCES-**
7 **SIBLE MEDICAL DIAGNOSTIC EQUIPMENT.**

8 “(a) STANDARDS.—Not later than 9 months after the
9 date of enactment of the Promoting Wellness for Individ-
10 uals with Disabilities Act of 2006, the Architectural and
11 Transportation Barriers Compliance Board shall issue (in-
12 cluding publishing) standards setting forth the minimum
13 technical criteria for medical diagnostic equipment used
14 in (or in conjunction with) physician’s offices, clinics,
15 emergency rooms, hospitals, and other medical settings.
16 The standards shall ensure that such equipment is acces-
17 sible to, and usable by, individuals with disabilities, and
18 shall allow independent entry to, use of, and exit from the
19 equipment by such individuals to the maximum extent pos-
20 sible.

21 “(b) MEDICAL DIAGNOSTIC EQUIPMENT COV-
22 ERED.—The standards issued under subsection (a) for
23 medical diagnostic equipment shall apply to equipment
24 that includes examination tables, examination chairs (in-
25 cluding chairs used for eye examinations or procedures,
26 and dental examinations or procedures), weight scales,

1 mammography equipment, x-ray machines, and other radi-
 2 ological equipment commonly used for diagnostic purposes
 3 by health professionals.

4 “(c) REVIEW AND AMENDMENT.—The Architectural
 5 and Transportation Barriers Compliance Board shall peri-
 6 odically review and, as appropriate, amend the stand-
 7 ards.”.

8 **SEC. 3. WELLNESS GRANT PROGRAM FOR INDIVIDUALS**
 9 **WITH DISABILITIES.**

10 Part P of title III of the Public Health Service Act
 11 (42 U.S.C. 280g et seq.) is amended by adding at the end
 12 the following new section:

13 **“SEC. 399P. ESTABLISHMENT OF WELLNESS GRANT PRO-**
 14 **GRAM FOR INDIVIDUALS WITH DISABILITIES.**

15 “(a) IN GENERAL.—

16 “(1) INDIVIDUAL WITH A DISABILITY DE-
 17 FINED.—For purposes of this section, the term ‘in-
 18 dividual with a disability’ has the meaning given the
 19 term in section 7(20) of the Rehabilitation Act of
 20 1973 (29 U.S.C. 705(20)), for purposes of title V of
 21 such Act (29 U.S.C. 791 et seq.).

22 “(2) WELLNESS GRANT PROGRAM FOR INDIVID-
 23 UALS WITH DISABILITIES.—The Secretary, in col-
 24 laboration with the National Advisory Committee on
 25 Wellness for Individuals With Disabilities, may make

1 grants on a competitive basis to public and nonprofit
2 private entities for the purpose of carrying out pro-
3 grams for promoting good health, disease prevention,
4 and wellness for individuals with disabilities, and
5 preventing secondary conditions in such individuals.

6 “(b) REQUIREMENT OF APPLICATION.—To be eligi-
7 ble to receive a grant under subsection (a), a public or
8 nonprofit private entity shall submit to the Secretary an
9 application at such time, in such manner, and containing
10 such agreements, assurances, and information as the Sec-
11 retary determines to be necessary to carry out this section.

12 “(c) AUTHORIZED ACTIVITIES.—With respect to pro-
13 moting good health and wellness for individuals with dis-
14 abilities described in subsection (a), activities for which
15 the Secretary may make a grant under such subsection
16 include—

17 “(1) programs or activities for smoking ces-
18 sation, weight control, nutrition, or fitness that
19 focus on the unique challenges faced by individuals
20 with disabilities regarding these issues;

21 “(2) preventive health screening programs for
22 individuals with disabilities to reduce the incidence
23 of secondary conditions; and

24 “(3) athletic, exercise, or sports programs that
25 provide individuals with disabilities (including chil-

1 dren with disabilities) an opportunity to increase
2 their physical activity in a dedicated or adaptive rec-
3 reational environment.

4 “(d) PRIORITIES.—

5 “(1) ADVISORY COMMITTEE.—The Secretary
6 shall establish a National Advisory Committee on
7 Wellness for Individuals With Disabilities that shall
8 set priorities to carry out this section, review grant
9 proposals, and make recommendations for funding,
10 and annually evaluate the progress of the program
11 under this section in implementing the priorities.

12 “(2) REPRESENTATION.—The Advisory Com-
13 mittee established under paragraph (1) shall include
14 representation by the Department of Health and
15 Human Services Office on Disability, the United
16 States Surgeon General or his designee, the Centers
17 for Disease Control and Prevention, private non-
18 profit organizations that represent the civil rights
19 and interests of individuals with disabilities, and in-
20 dividuals with disabilities or their family members.

21 “(e) DISSEMINATION OF INFORMATION.—The Sec-
22 retary shall, in addition to the usual methods of the Sec-
23 retary, disseminate information about the availability of
24 grants under the Wellness Grant Program for Individuals
25 with Disabilities in a manner designed to reach public en-

1 titles and nonprofit private organizations that are dedi-
 2 cated to providing outreach, advocacy, or independent liv-
 3 ing services to individuals with disabilities.

4 “(f) REPORTS TO CONGRESS.—The Secretary shall,
 5 not later than 180 days after the date of the enactment
 6 of the Promoting Wellness for Individuals with Disabilities
 7 Act of 2006, and annually thereafter, submit to Congress
 8 a report summarizing activities, findings, outcomes, and
 9 recommendations resulting from the grant projects funded
 10 under this section during the preceding fiscal year.

11 “(g) AUTHORIZATION OF APPROPRIATIONS.—For the
 12 purpose of making grants under this section, there are au-
 13 thorized to be appropriated such sums as may be nec-
 14 essary.”.

15 **SEC. 4. IMPROVING EDUCATION AND TRAINING TO PRO-**
 16 **VIDE MEDICAL SERVICES TO INDIVIDUALS**
 17 **WITH DISABILITIES.**

18 (a) COORDINATED PROGRAM TO IMPROVE PEDI-
 19 ATRIC ORAL HEALTH.—Section 320A(b) of the Public
 20 Health Service Act (42 U.S.C. 247d–8(b)) is amended
 21 by—

22 (1) striking “, or to increase” and inserting “,
 23 to increase”; and

24 (2) striking the period and inserting the fol-
 25 lowing “, or to provide training to improve com-

1 petency and clinical skills in providing oral health
2 services to, and communicating with, patients with
3 disabilities, including those with intellectual disabili-
4 ties.”.

5 (b) CHILDREN’S HOSPITALS THAT OPERATE GRAD-
6 UATE MEDICAL EDUCATION PROGRAMS.—Section 340E
7 of the Public Health Service Act (42 U.S.C. 256e) is
8 amended by adding at the end the following:

9 “(h) REQUIREMENT TO PROVIDE TRAINING.—To be
10 eligible to receive a payment under this section, a chil-
11 dren’s hospital shall provide training to improve com-
12 petency and clinical skills in providing health care to, and
13 communicating with, patients with disabilities, including
14 those with intellectual disabilities, as part of any approved
15 graduate medical residency training program provided by
16 the hospital.”.

17 (c) CENTERS OF EXCELLENCE.—Section 736(b) of
18 the Public Health Service Act (42 U.S.C. 293(b)) is
19 amended—

20 (1) in paragraph (6)(B), by striking “; and”
21 and inserting a semicolon;

22 (2) by redesignating paragraph (7) as para-
23 graph (8); and

24 (3) by inserting after paragraph (6) the fol-
25 lowing:

1 “(7) to carry out a program to improve com-
 2 petency and clinical skills of students in providing
 3 health services to, and communicating with, patients
 4 with disabilities, including those with intellectual dis-
 5 abilities; and”.

6 (d) FAMILY MEDICINE, GENERAL INTERNAL MEDI-
 7 CINE, GENERAL PEDIATRICS, GENERAL DENTISTRY, PE-
 8 DIATRIC DENTISTRY, AND PHYSICIAN ASSISTANTS.—Sec-
 9 tion 747(a)(6) of the Public Health Service Act (42 U.S.C.
 10 293k(a)(6)) is amended by striking “pediatric dentistry.”
 11 and inserting the following: “pediatric dentistry; and

12 “(7) to plan, develop, and operate a program
 13 for the training of physicians or dentists, or medical
 14 or dental residents, to improve competency and clin-
 15 ical skills of physicians and dentists in providing
 16 services to, and communicating with, patients with
 17 disabilities, including those with intellectual disabili-
 18 ties.”.

19 (e) ADVISORY COUNCIL ON GRADUATE MEDICAL
 20 EDUCATION.—Section 762(a)(1) of the Public Health
 21 Service Act (42 U.S.C. 294o(a)(1)) is amended—

22 (1) in subparagraph (E), by striking “; and”
 23 and inserting a semicolon;

24 (2) by adding at the end the following:

1 “(G) appropriate efforts to be carried out
 2 by hospitals, schools of medicine, schools of os-
 3 teopathic medicine, schools of dentistry, and ac-
 4 crediting bodies with respect to changes in un-
 5 dergraduate and graduate medical training to
 6 improve competency and clinical skills of physi-
 7 cians in providing health care services to, and
 8 communicating with, patients with disabilities,
 9 including those with intellectual disabilities;
 10 and”.

11 (f) MEDICARE GRADUATE MEDICAL EDUCATION
 12 PROGRAMS.—Section 1886(h) of the Social Security Act
 13 (42 U.S.C. 1395ww(h)) is amended by adding at the end
 14 the following:

15 “(8) REQUIREMENT TO PROVIDE TRAINING.—
 16 To be eligible to receive a payment under this sub-
 17 section, a hospital shall provide training to improve
 18 competency and clinical skills in providing health
 19 care to, and communicating with, patients with dis-
 20 abilities, including those with intellectual disabilities,
 21 as part of any approved medical residency training
 22 program provided by the hospital.”.

1 (g) EFFECTIVE DATE.—The amendments made by
2 subsections (b), (c), and (f) shall take effect 180 days
3 after the date of enactment of this Act.

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